



COMPLETE THIS SECTION ON DELIVERY

- | | |
|---|-----------------------------|
| A. Received by (Please, Print Clearly)
C. Franzlos | B. Date of Delivery
1/17 |
| C. Signature
X Cheryl Franzlos | |
| D. Is delivery address different from item 1? <input type="checkbox"/> Yes
If YES, enter delivery address below: <input type="checkbox"/> No | |
| Agent <input checked="" type="checkbox"/> Addresssee <input type="checkbox"/> | |

Scott Wakefield
Residential Utility Consumer Office
2828 N. Central
Suite 1200
Phoenix, AZ 85004

232628

3. Service Type:
☒ Certified Mail
☐ Registered Mail
☐ Insured Mail
☐ Return Receipt for Merchandise
☐ C.O.D.
☐ Restricted Delivery Extra Fee

☐ Yes

4. Restricted Delivery: (Extra Fee) ☒ Yes ☐ No

Article Number (Copy from service label)
7000 0000 0025 2790 1345

Domestic Return Receipt

102595-00-M-0952

ARIZONA CORPORATION COMMISSION
1200 W. Washington - Hrg. Div./Docket
Phoenix, Arizona 85007-2996

• Sender: Please print your name, address, and ZIP+4 in this box •

UNITED STATES POSTAL SERVICE
RECEIVED
2001 JAN 22 P 11
AZ COMMISSION
DOCUMENT CONTROL

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10